

very, but in the third the patient sank after the performance of tracheotomy. Some disease of the larynx existed in all three instances, to which œdema of the glottis succeeded.

This œdema, which, strictly speaking, affects the lips of the glottis, not the glottis itself, is always a very serious affection, on account of the seat which it occupies. It cannot, however, be regarded as an idiopathic disease, and is itself more frequently an inflammatory affection or a purulent infiltration into the part than a serous effusion. It supervenes in the course of various diseases of the larynx, and should not occupy a different place in works on pathology from œdema of tumefaction or a part produced by any morbid poison, or from the various symptoms which attend syphilis, or from ulcerations of the intestines in fever.—*B. & F. Med. Rev.* April, 1842.

18. *Complete obliteration of the Aorta.* By Prof. ROEMER, of Vienna.—An officer, high in rank in the Austrian army, who had served during the war from 1770 to 1815, and had always enjoyed good health till his 45th year, went at that time to reside at Mayence. He then suffered frequently from dyspnoea and gastralgia, but did not apply for medical advice until he had had several attacks of threatened suffocation, and his stomach had refused to receive every kind of food. During a year he was treated homœopathically, without benefit. Severe palpitations then came on, accompanied by œdema of the extremities. The continued use of bismuth and digitalis made the dyspnoea and vomiting almost entirely disappear, but the pulse continued rapid, vibrating, and full. As his decease approached, he was seized with hoarseness, and a small dry cough; and at last he expired suddenly, in his fiftieth year, while playing at whist.

Post-mortem examination.—The contents of the cranium were healthy, with the exception of a softened and exsanguine state of the brain, and ossification of the basilar artery. Four ounces of serum were found at the base of the skull. The heart was considerably hypertrophied; the valves were healthy. The aorta, as far as the origin of the arteria innominata, was much dilated, which latter was almost twice its normal size. The subclavians and the left carotid artery did not appear unnaturally large. The coronary arteries were ossified to the extent of about three inches. From the origin of the arteria innominata, to the point where the ductus arteriosus enters, the aorta became gradually smaller, and at this latter spot the diameter did not exceed half an inch; it was there found obliterated to the same extent; its thoracic and abdominal portion was hardly as large as that of a child ten or twelve years old; the walls of these vessels were evidently thickened. The intercostal arteries, which arose below the obliteration, had nearly the diameter of a quarter of an inch, and communicated freely between the third and fourth ribs, with the mammary and thoracic arteries. It was by means of these anastomoses that the collateral circulation was established; the pulmonary arteries were greatly dilated; the left laryngeal recurrent nerve was greatly stretched, and the turn which it makes round the aorta corresponded to the obliterated point of that vessel. Biliary calculi were found in the gall-bladder. The lungs and other organs were healthy.—*Lond. and Edin. Monthly Journ.*, April, 1842, from *Archives Gén.*, Dec. 1841.

19. *Typhoid fever in the Fœtus.*—Dr. MANZINI has written to the Academy of Sciences of France, that he has found the alterations of the intestinal follicles characteristic of typhoid fever, in the body of a seven months' child, who died 20 or 30 minutes after birth. Many physicians witnessed the autopsy, and can testify, he adds, to the truth of his statement.—*Gaz. Med. de Paris*, Dec. 4, 1841.

20. *Tincture of Catechu in fissure of the Nipple.*—A writer in the *Lancet*, 30th April, 1842, states that he has found the tincture of catechu applied twice a day with a camel's hair pencil, very efficacious in that troublesome affection, fissure of the nipple. In one case, he states, the nipple which had been intolerably painful for weeks, and was denuded, returned to its natural state within a day or two,

and the mother, who was about to wean her child in despair, was able to suckle it for more than twelve months without any inconvenience.

21. Cases of unexpected recovery from large Abscesses in the Lungs.—Dr. GRAVES has published six cases of abscesses in the lungs, which occurred in his own practice and that of his friends, in which complete recovery took place. The abscesses were situated both in the upper and lower part of the lungs, and were pneumonic, as proved in several of them by the excessive fetor of the expectoration, although the history of the case in some would have led (as, in fact, it did,) the medical attendant to suppose that they were cases of phthisis. He has given them to the public, to show "that patients may recover, contrary to the usual interpretation of the most significant and decisive stethoscopic symptoms, and therefore seem to merit publication, in order to warn practitioners from relying too exclusively upon physical phenomena, and too hastily concluding that pulmonary lesions, however extensive, thus indicated, must necessarily prove fatal." They show, also, "that real circumscribed abscess occurs more frequently in the pulmonary tissue than Laennec allowed, or his followers seem to believe." The two following cases which we shall give, were under the care of Dr. Stokes, whose name is a sufficient guarantee for the accuracy of the physical signs observed.

CASE 1. Mr. H., a gentleman aged about 22, was attacked with pain in the side, cough, and fever, and in a short time with very copious purulent expectoration. Soon after this, the signs of extensive abscess made their appearance in the antero-superior and lateral posterior regions of the lung. The patient was then considered to labour under tubercular caverns to a great extent. Shortly after Dr. S. saw him, he presented the following symptoms:—The whole antero-superior, lateral, and posterior upper part of the left lung, sounded extremely dull; perfectly distinct cavernous breathing, with large gurgling and pectoriloquy were heard from the second rib down to the mamma; and the same phenomena were audible along the fold of the pectoral muscle, from the axilla to the seventh rib. The expectoration was copious, muco-puriform, but not fetid, and the pulse full, regular, and under 90°. The treatment adopted was palliative. The pulse soon became natural, all hectic fever ceased, the dulness of sound on percussion was gradually diminished, and the patient, in the course of some months, was perfectly restored to health, all the signs of caverns having completely disappeared.

2. Mr. D., aged about 25, high shouldered, and with a remarkable stoop, was attacked with cough in the autumn of 1839. His pulse became quick, he lost flesh rapidly, and presented the usual constitutional symptoms of phthisis in an early stage. Within a few weeks of the invasion of the disease, Mr. D. began to expectorate from half an ounce to an ounce daily of a sanguous purulent matter, having the colour of urine, but not offensive. He soon after came to town. The right clavicle was dull on percussion, and the vesicular murmur feeble as far as the third rib. Above the clavicle, most distinct gargouillement existed; and the same could be heard in the acromial region, particularly when he coughed. Soon after this the pulse became quiet, and the expectoration, though still possessing the above character, diminished in quantity. The patient went to the Cove of Cork, where he remained for the greater part of the winter season. He returned in spring, having become very fat, and without the slightest symptom or physical sign of any pulmonary disease.

Dr. G. could have added several other instances, besides the six he has published, of pulmonic abscesses which have been cured; but he thought it unnecessary, as those he has given were amply sufficient to show that they are neither so rare nor so hopeless as they are generally believed to be.—*Edin. and Lond. Monthly Journ. Med. Sci.*, March, 1842, from *Dublin Journal for January, 1842.*

22. Sympathetic Pruritus.—Mr. WALTER C. DENDY, in a paper read before the Medical Society of London, relates the following interesting example of Sympathetic Pruritus.